

APPENDIX A

Site Visit Form

Child Safety Seat Inspection Station Site Visit Form

Date visited: _____ Observation conducted by: _____

Inspection Station Location Name: _____

Street Address _____

City, State: _____

OPERATIONAL**CONTACT:**Where is the service provided? ☐ Fixed Site ☐ Mobile ☐ BothIn what type of geographic setting is this inspection station located? ☐ Urban ☐ Suburban☐ Rural, Describe: _____

When did inspection station begin operating (month/year)? _____

How long has this inspection station been in continuous operation? _____

How many inspections are completed per MONTH? _____

Is a fee charged for this service? ☐ Yes ☐ No

If yes, please explain: _____

What, if any, special populations are targeted with more emphasis?☐ Low-Income ☐ African American ☐ Hispanic ☐ Asian ☐ Migrant Laborers ☐ other _____**Are special marketing techniques, messages and/or materials used to reach these special populations? Are languages other than English used?****If answer is yes to either or both questions, please explain:****What is the service delivery schedule? Which, if any, days/hours see more traffic?**☐ Fixed site, set days/hours, drop-in basis. Explain:☐ Fixed site, set days/hours, by appointment only. Explain:☐ Fixed site, by appointment only. Explain:☐ Mobile site, set days/hours, drop-in basis. Explain:☐ Mobile site, set days/hours, by appointment only. Explain:

Does the station have access to a trailer/van or other accommodation for mobile inspection services?

Source:

Explain:

Does the station participate in community inspection “clinic” events? Explain:

What tools/equipment are stocked?

- ☐ Up-to-date Recall List
- ☐ CSS Manufacturer's Instructions
- ☐ Locking Clips
- ☐ Belt-shortening Clips
- ☐ Replacement Seats
- ☐ Foam Noodles
- ☐ Slip guard
- ☐ Other__

How are Customers/Participants Educated?

- ☐ Participants are instructed and have hands-on involvement with seat installation
- ☐ Participants observe the inspectors and may assist with seat installation
- ☐ Participants receive written materials
- ☐ Participants receive a telephone number to call for follow-up information/questions
- ☐ Inspectors ask and educate about the use of restraint systems in other vehicles
- ☐ Inspectors ask and educate about other family members (age, etc.)- if use safety belts and/or booster seats
- ☐ Inspectors mention and/or provide material specifically about the reasons and risks of using safety belts alone, the reasoning/benefits of booster seats, not using seat restraints, etc.
- ☐ Inspectors mention about changes in restraint systems that will be needed (as the child gets older and bigger- preparing and educating parents for the future)
- ☐ Inspectors provide information about state laws regarding child restraint and safety belt use
- ☐ Other: _____

Explain details and describe educational materials used:

Do inspectors involve children in the inspection? If so, how?

What "forms" are used?

- ☐ Inspection form
- ☐ Seat Replacement form
- ☐ Liability waiver statement/agreement
- ☐ Evaluation form
- ☐ Other:

How is inspection data collected?

- ☐ Standardized paper form
- ☐ Computer software (e.g. Palm Pilot)
- ☐ Both

Explain details:

How long is data kept? _____

How is inspection data compiled and stored?

- ☐ Hand tallying and filed
- ☐ Computer database (e.g., scanned, entered via keyboard, downloaded from Palm Pilot)
- ☐ Both

Explain details:

How long is data kept? _____

What is the replacement seat policy?

- ☐ Seats replaced free of charge

Explain details (when, why [e.g., recalled], how):

Average total # seats provided per MONTH: _____

infant seats provided per MONTH: _____

convertible seats provided per MONTH: _____

booster seats provided per MONTH: _____

- ☐ Seats replaced free of charge on a selective basis
(e.g. Medicaid eligible, etc.)

Explain details:

Average total # seats provided per MONTH: _____

infant seats provided per MONTH: _____

convertible seats provided per MONTH: _____

booster seats provided per MONTH: _____

- ☐ Seats replaced for a fee

Explain details:

Average total # seats provided per MONTH: _____

infant seats provided per MONTH: _____

convertible seats provided per MONTH: _____

booster seats provided per MONTH: _____

- ☐ Seats are loaned

- ☐ Short term loans (up to 2 months)

Explain details and fees, if any:

Average # seats provided per MONTH: _____

infant seats provided per MONTH: _____

convertible seats provided per MONTH: _____

booster seats provided per MONTH: _____

- ☐ Long term loans (for more than 2 months)

Explain details and fees, if any:

Average # seats provided per MONTH: _____

infant seats provided per MONTH: _____

convertible seats provided per MONTH: _____

booster seats provided per MONTH: _____

- ☐ No seat replacement offered. Explain details (including how recalled seat that has not been fixed is handled):

If program has a seat replacement policy:

How are replacement seats funded?

- ☐ Funds for seats come from general program budget
- ☐ Funds for seats come from separate funding source, explain: _____
- ☐ Local community group/partner donates funds
- ☐ Local community group/partner donates seats
- ☐ National group/partner donates funds
- ☐ National group/partner donates seats
- ☐ Other – Explain:

How do you acquire replacement seats?

- ☐ Program purchases seats directly from manufacturer
- ☐ Program purchases seats via buying group or other organization
- ☐ Program receives seats from separate source, explain: _____
- ☐ Individual receives seats through voucher or similar program

Explain:

- ☐ Other – Explain:

How/Where are replacement seats stored?

- ☐ Seats are shipped to station and stored on-site ☐ In the building ☐ In a trailer/van
- ☐ Seats are stored off-site ☐ In another building ☐ In a trailer/van ☐ In a storage unit
- ☐ Other – Explain:

If program offers loaner seats, are seats put into program as:

- ☐ NEW - PURCHASED by the program or DONATED (circle one or both as applicable)
- Explain details:

How long are these seats used by program? _____

How are seats maintained? _____

- ☐ USED/SECOND-HAND - PURCHASED by the program or DONATED
(circle one or both as applicable)

Explain details:

How long are these seats used by program? _____

How are seats maintained? _____

Do marketing messages mention about possible "free replacements or availability of seats"?

Explain why or why not and if yes, how:

FREQUENT CSS MISUSE

CONTACT: _____

List the 3 Misuses Encountered Most Frequently:

- | | |
|---|--|
| <input type="checkbox"/> Safety belt NOT holding safety seat tightly | <input type="checkbox"/> Safety seat recalled, not fixed |
| <input type="checkbox"/> Locking clip used incorrectly or not used when needed | <input type="checkbox"/> Safety seat too old |
| <input type="checkbox"/> Safety seat harness loose on child | <input type="checkbox"/> Harness in wrong slots |
| <input type="checkbox"/> Harness retainer clip in wrong position or not present when required | <input type="checkbox"/> Other, please specify: |

Most common infant seat misuse:

- | | |
|--|---|
| <input type="checkbox"/> Infant facing forward too early | <input type="checkbox"/> Harness in wrong slots |
| <input type="checkbox"/> Infant too tall for infant seat | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Infant too heavy for infant seat | |
| <input type="checkbox"/> Infant too small for convertible seat | |

Most common convertible/FF seat with harness misuse:

- | | |
|---|--|
| <input type="checkbox"/> Child too tall for convertible seat | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Child too heavy for convertible seat/forward facing seat w/harness | |
| <input type="checkbox"/> Harness in wrong slots | |

Most common booster seat misuse:

- | | |
|---|---|
| <input type="checkbox"/> Child too small/young for booster seat | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Shoulder belt under arm/behind back of child | |

Most common safety belt misuse:

- | |
|---|
| <input type="checkbox"/> Child too small/young for adult safety belt |
| <input type="checkbox"/> Shoulder belt under arm/behind back of child |
| <input type="checkbox"/> Other, please specify: |

STAFFING

☐ Administrator

Paid Position? ☐ Yes ☐ No

at this site:

Training Required:

Title:

Time:

Duties:

☐ Scheduler

Paid Position? ☐ Yes ☐ No

at this site:

Training Required:

Title:

Time:

Duties:

☐ Senior Checker

Paid Position? ☐ Yes ☐ No

at this site:

Training Required:

Title:

Time:

Duties:

☐ Inspector

Paid Position? ☐ Yes ☐ No

at this site:

Training Required:

Title:

Time:

Duties:

CONTACT: _____

☐ Recorder/Scribe/Assistant

Training Required:

Paid Position? ☐ Yes ☐ No

at this site:

Title:

Time:

Duties:

☐ Other

Training Required:

Paid Position? ☐ Yes ☐ No

at this site:

Title:

Time:

Duties:

☐ Other

Training Required:

Paid Position? ☐ Yes ☐ No

at this site:

Title:

Time:

Duties:

Do you use volunteers for inspection station services?

How do you recruit volunteers?

Do you have problems with scheduling/coordinating your volunteers? If so, what?

Do you have any problems with turnover of staff? If so, how do you deal with it? How do you prevent it?

Do you regularly monitor "inspections"? If so, who monitors them and how often?

How do you initially educate your staff?

Have you identified additional training needs for you and/or your staff?

If yes, what training needs have been identified and are the training resources in your area adequate and convenient for you and your staff to meet those needs?

**How do you educate/inform your staff about recalls, new information, announcements, etc.?
(Use bulletin board, memos, etc.)**

PROMOTIONAL OUTREACH ACTIVITY

CONTACT: _____

- ☐ Give-away items (e.g. buttons, coloring books)
Specify:

How/where distributed/displayed:

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

- ☐ Brochures/Flyers
Specify:

How/where distributed/displayed:

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

- ☐ Posters
Specify:

How/where distributed/displayed:

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

- ☐ Newspaper ads/PSAs/articles
Specify:

How/where distributed/displayed:

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

- ☐ Radio ads/PSAs/articles
Specify:

How/where distributed/displayed:

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

- ☐ TV ads/PSAs/articles
Specify:

How/where distributed/displayed:

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

- ☐ Community Events
Specify:

How/where distributed/displayed:

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

- ☐ Word of Mouth
Specify:

How/where distributed/displayed:

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

- ☐ Other _____
Specify:

How/where distributed/displayed:

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

Do you provide any specific marketing, promotional activities, etc. to (check all that apply):

- ☐ Health care providers in your community
How did you "tailor" the message to this group?

How frequently did you contact this group?

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

- ☐ Child care workers/Head Start staff
How did you “tailor” the message to this group?

How frequently did you contact this group?

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

- ☐ School systems
How did you “tailor” the message to this group?

How frequently did you contact this group?

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

- ☐ Faith-based communities
How did you “tailor” the message to this group?

How frequently did you contact this group?

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

☐

Parent groups

How did you “tailor” the message to this group?

How frequently did you contact this group?

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

☐

Grandparent groups

How did you “tailor” the message to this group?

How frequently did you contact this group?

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

☐

Other _____

How did you “tailor” the message to this group?

How frequently did you contact this group?

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

☐

Other _____

How did you “tailor” the message to this group?

How frequently did you contact this group?

Were there indications you saw/heard that showed this activity had an impact? If yes, explain:

Do you have any “specialized” types of promotion, inspection days and/or activities? If so, what?

For example: Have you had any special promotions/activities with a focus on booster seat inspections?

With respect to promoting the inspection station services, have there been relationships or partnerships that have been particularly helpful? If so, please explain details and why they were helpful? Are there any partnerships that you would like to have that you don't have now?

FUNDING & BUDGET

CONTACT: _____

(Indicate anticipated terms of funding source including duration/consistency of funds, how often applications must be made, etc.)

Private sources:

☐ Grant-based
Explain:

☐ Corporate Sponsorship
Explain:

☐ Self-sustaining
Explain:

☐ Other
Explain:

Public sources:

☐ Grant-based
Explain:

☐ Contract
Explain:

☐ Combined
Explain:

What is the annual budget for this inspection station?

- ☐ Less than \$5,000 per year
- ☐ \$5001 – \$15,000 per year
- ☐ \$15,001 – \$25,000 per year
- ☐ \$25,001 – \$50,000 per year
- ☐ \$50,001 – \$75,000 per year
- ☐ More than \$75,001

Indicate the expenses covered by this budget:

- ☐ Salaries
- ☐ Space
- ☐ Tools/equipment
- ☐ Replacement seats
- ☐ Promotional Materials
- ☐ Office Supplies
- ☐ Overhead
- ☐ Other:

What, if any, In-Kind services and/or materials are provided and from what sources?**How are inspectors paid for their services?**

- ☐ Volunteers
- ☐ Salaried employees, Explain details/rate of pay:
- ☐ Contract employees, Explain details/rate of pay:

Does the inspection station have liability insurance coverage?

- ☐ Separate policy for site
- ☐ Covered under another policy
- ☐ No coverage

Are inspectors required to have individual liability coverage? ☐ Yes ☐ No

If yes, does the station pay for this coverage? ☐ Yes ☐ No

DEVELOPMENT OF THE INSPECTION STATION**CONTACT:**

What was the impetus for the development of this station? (Safe Kids Coalition, Hospital Foundation/Education Service, Retail, Law Enforcement sponsored, State Highway Safety Office?)

Who/what program/what resources were most helpful in the development of this station?

What challenge(s) was/were encountered in the initial development and setting up of this inspection station?

| Challenge | Solution |
|-----------|----------|
| | |
| | |
| | |
| | |
| | |

Has the availability of resources/funding changed since the initial operation of this inspection station? If so, what were the implications and how were they handled? What resources would you like to have that you don't have now?

What challenge(s) was/were encountered in operating this inspection station or on-going challenges?

| Challenge | Solution |
|-----------|----------|
| | |
| | |
| | |
| | |
| | |

What, if any, significant changes were made to the inspection station since it began and why?

☐ Administrative, explain:

☐ Location, explain:

☐ Funding, explain:

☐ Personnel structure, explain:

Are significant changes to the inspection station under consideration or imminent?

☐ Administrative, explain:

☐ Location, explain:

☐ Funding, explain:

☐ Personnel structure, explain:

What circumstances would cause the inspection station to terminate?

EVALUATION

Is this program evaluated? ☐ Yes ☐ No

What basis:

- ☐ Quantity of Inspections
- ☐ Length of Individual Inspections
- ☐ Misuse Patterns
- ☐ Frequency of Repeat Customers
- ☐ Customer Satisfaction
- ☐ Customer Follow-up (to determine if correct use lessons learned were retained)
- ☐ Other:

By whom:

- ☐ Station Staff
- ☐ Outside Source, explain: _____
- ☐ Other:

Tools Used (describe how used):

- ☐ Inspection Forms
- ☐ Customer Surveys
- ☐ Customer Phone interviews
- ☐ Follow-up Inspections
- ☐ Anecdotal
- ☐ Other:

Have there been changes to the evaluation process over time?

Are changes to the evaluation process anticipated?

OTHER COMMENTS

CONTACT: _____

What are the most FREQUENT reasons people give you for using your service?

Have you identified reasons why more people in your target DO NOT utilize your service?

If you had the chance to start over again, is there anything you would do differently? If yes, explain:

What would you recommend to other organizations starting an inspection station as the most important things to do?

What would you recommend to other organizations starting an inspection station as the most important things to avoid?

Do you have any other recommendations for organizations starting an inspection station?

Is there anything you wish we would have asked but didn't?

Any additional comments about this inspection station (unique features, special programming, etc.):

COMMENTS FROM ADMINISTRATORS/SPONSORS/STAFF/OTHERS

Name/Title: _____

Discussion:

Name/Title: _____

Discussion:

Name/Title: _____

Discussion:

Name/Title: _____

Discussion:

Contact information

Name: _____

Title/Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____

Email: _____

Name: _____

Title/Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____

Email: _____

Name: _____

Title/Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____

Email: _____

Name: _____

Title/Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____

Email: _____

Name: _____

Title/Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____

Email: _____